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ABSTRACT

This symposium contains reports on two studies on the following topics: (1) ways of helping children manage stress, by Jayne G. Garside, (2) psychological stress and coping in adolescent victims of sexual abuse in Singapore, by Colleen Ward, and (3) an abstract of a study on estrangement, by Jaya Nagaraja. The article on stress management describes stress and reactions to stress, indicates general approaches to dealing with stress as well as strategies for coping with stress, and outlines an activity suitable for use with a group of adolescents and another for either adolescents or small children. Appended are a list of coping strategies, a scale for assessing stress in adults, and a behavior questionnaire for identifying Type A and Type B personalities. The study of sexual assault provides demographic data and a literature review concerning victims' psychological reactions and coping strategies. Four case histories are reported prior to a discussion of victims' defense mechanisms, the consequences of sexual assault, and implications for therapists. Appended summaries of two of the case histories list characteristics of victims in the areas of health and physical condition; school; home and family; money, work and the future; boy and girl relationships; relations to people in general; and self-centered concerns. The abstract of the study of estrangement alludes to a study of 50 youngsters ranging in age from 12 to 19 years and related case study materials. (RH)

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SYMPOSIUM IV B : Mental Health and Adjustment

PS 015995

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Helping Children Manage Stress

Jayne G. Garside

INTRODUCTION

A ten-year old girl is not invited to the birthday party of one of the girls in the class. However, all the other girls in the class have been invited. A sixteen-year old high school junior is called out of the class to meet the principal. A five-year old goes to kindergarten on the very first day. A sixteen-year old girl is asked out on her first date by a very popular boy. A ten-year old boy is chosen as Student of the Week. What do all these people and situations have in common – stress!

This may surprise you because the last two situations both involve happy events. The fact is that it does not matter whether the situation is pleasant or unpleasant. What counts is the intensity of the demand it places on you to readjust. Selye, a Montreal physician and author of several books on stress, calls these incidents 'stressors'. He further states that physical reaction of the body to stress is basically the same regardless of the stressor. He feels that the only complete freedom from stress is death. Humans thrive on stress because it makes life more interesting. No matter what you are doing, you are under some amount of stress. Even when you sleep, your body must continue to function and react to the stress imposed by dreaming.

STRESS

Stress comes from two basic forces – the stress of physical activity and the stress of mental/emotional activity. It is interesting to note that stress from emotional frustration is more likely to produce disease such as ulcers than stress from physical work or exercise. In fact, physical exercise can

help you relax and help you deal with mental stress. Then it would be true to assume that there is no such things as bad stress. However, there is a type of stress that can be harmful. For the purposes of this paper, we will refer to it as 'distress'. Distress is continual stress which causes you to constantly readjust or adapt. For example, having a job you do not like can be constantly frustrating and frustration is bad stress. If this distress lasts long enough, it can result in fatigue, exhaustion and even physical or mental breakdown.

Part of our ability to cope with stress comes from our understanding of it. Some stress is inherent in daily living. Stress can help us react quickly to remove ourselves or someone else from a dangerous situation. Too much stress, however, can take its toll on mind and body, making a person worried, sad or ill.

Reaction to Stress

One of the main causes of stress is change which is sudden or especially disagreeable. Regardless of the source of stress, the body has a three stage reaction to it.

(1) *Alarm stage* in which the body recognises stress and prepares for fight or flight. This is done by the release of hormones from the endocrin glands.
(2) *Resistance stage* when the body repairs any damage done by the stress. However, if the stressor does not go away, the body cannot repair the damage and must remain alert.
(3) *Exhaustion stage* which, if continued long enough, may cause the body to develop one of the 'diseases of stress' such as migrain headaches, heart irregularity and mental illness. Continued exposure to stress during the exhaustion stage causes the body to run out of energy and may even stop some bodily functions.

WAYS OF DEALING WITH STRESS

Since one cannot build a life completely free from stress or even distress, it is important to develop ways of dealing with stress. Ten very obvious ways of dealing with stress or of getting a 'handle on stress' and distress are listed, following which some activities that could be used for adolescents and children to help them become more aware of stress and manage stress more effectively in their lives are dealt with.

(1) Work off stress.
(2) Talk out your worries.
(3) Learn to accept what you cannot change.
(4) Avoid self-medication.
(5) Get enough sleep and rest.

(6) Balance work and recreation.
(7) Do something for others.
(8) Take one thing at a time.
(9) Give in once in a while.
(10) Make yourself available.

ACTIVITY

Activity 1 (Suitable for use with a group of adolescents).

Voting

A series of questions are asked and you are required to indicate an answer. You have to indicate your answer in a specific way. If you strongly agree with the statement read, you are to raise your arm and wave your hand. If you merely agree with the statement read, just raise your hand. If you have no feeling one way or another to disagree or to agree, put your hand out level with your body. If you disagree with the statement as read, lower your hand. If you strongly disagree with the statement as it is read, lower your hand and wave it about. As the statements are read and everyone votes, look around and see how others are voting on the same question. The questions are:

(1) How many of you have made a list of your present goals?
(2) How many of you keep a diary or a journal?
(3) How many of you are sensitive to all dimensions of life?
(4) How many of you regularly clear your mind of old stuff?
(5) How many of you accept what you cannot change?
(6) How many of you reward yourself frequently?
(7) How many of you get all the rest you need?
(8) How many of you eat a nutritionally balanced diet?
(9) How many of you do things for other people?
(10) How many of you make clear choices always?
(11) How many of you laught at yourself?
(12) How many of you take a nap every day?
(13) How many of you take time to be alone every day?

This particular activity is designed to help adolescents first of all, learn a little bit more about themselves and in the second place, to begin to relate to one another, to open up – to share of themselves. There are no right or wrong answers. There are only answers. In this activity, you would encourage all people to participate so that a part of the process of stress management may be observed as a sharing process.

Discussion

There are three red flags that can be watched for negative stress in a child's life.

(1) Unusual hyperactivity
(2) Lethargy
(3) Abnormal behaviour – abnormal behaviour being defined as any behaviour that up to that point has not been a part of the repertory of a student.

Once an individual such as a teacher, counsellor or psychologist is sure that the child is experiencing negative stress or distress, the source or sources need to be identified. The following ten rules may be utilised by those individuals working with small children in the management of stress.

(1) Do not overreact, be calm, be accurate.
(2) Treat their fears and anxieties with respect.
(3) Talk to them about the stress – be a good listener.
(4) Use desensitisation techniques.
(5) Provide opportunities for role playing.
(6) Constantly help the child to develop a positive self-concept.
(7) Anticipate stressful events and prepare the child.
(8) Give the child a balanced diet – cut out sweets.
(9) Have the child exercise.
(10) See that the child has enough rest.

Activity 2 (Might be suitable for either adolescent or small children).

Today

Instructions: You are to write down every activity that you have experienced since wakening up that has in any way caused stress. (The teacher or counsellor or group leader will allow sufficient time to elapse for the students to complete this assignment and then the teacher or worker will ask the students to go back to each of the activities that caused stress and indicate with a large check those activities that causes bad stress).

To differentiate bad stress from good stress, the facilitator may then ask questions such as, 'Did you have more bad stress or more good stress today?' The leader may also have the children share, if they will, those stresses that have occurred. This may not always be appropriate as some of the stresses or stressors may be very personal and not of a sharing nature.

Activity 3 (This motivity is appropriate for use with both adolescents and young children).

It might be modified for young children into a verbal activity. When working with adolescents, it might be a written activity.

STRATEGIES FOR COPING WITH STRESS

Directions: A list of categories in which we must develop activities to help us cope with stress is given. (This activity for small children might be prefaced with the comment, 'I am going to read some categories and under each category, we want to develop ideas of how we can cope with stress'). The categories are:

(1) Develop self understanding.
(2) Improve your mind.
(3) Develop healthy attitudes.
(4) Strengthen your body.
(5) Improve your personal relationships.
(6) Lift your spirit.
(7) Control your job. This category may be inappropriate for elementary and secondary schools.
(8) Improve your environment.
(9) Live a healthy life style.

There is a handout of these categories with some developed strategies for coping with stress under each one (Appendix 1). They are not comprehensive; there can be other ones added or some of these deleted. The object of this activity is to get the students themselves actively involved in identifying stress by developing ways that are for them meaningful in order to cope with the stress that is inevitable in their daily lives. As the activity is ending, you may share this with the students that you are dealing with.

> Now is the time for each one to develop a plan that you think will help you be more creative in managing your stress. The activities and strategies in Activity 3 are just some ideas. Everyone must choose their own plan and the changes they want to make. Both the challenge and the rewards are yours.

If this unit was taught to adults and work was carried out with them, two additional activities would be included. Probably, the first activity would be a test entitled, 'How is your stress score?' Basically, it is a rating scale that allows adults to rate 43 major life events to see how much stress is in any one person's life (Appendix 2).

Another activity would be a behaviour questionnaire entitled, 'Type A, Type B Behaviour Questionnaire' that would allow adults to respond to 18 items on topics relating to themselves such as finding out if certain

types of reactions are *always* in a person's live, *sometimes* in a person's life, or *never* in a person's life thus designating a person by either Type A or Type B behaviour (Appendix 3).

For small children, it would be appropriate to have *several* class periods of short duration spent on dealing with the concept of stress management because children's attention span is less than in older children. With adolescents, a one-hour or possibly a two-hour unit on stress management alone would be considered, either all at one time or maybe in two different class periods which would allow the students enough time to really develop techniques for the alleviation of stress under each of the strategy areas.

It is a myth to think that we can eliminate stress in a child's world. However, we can help children and adoescents learn to cope with and manage stress once they understand the dynamics of stress. 'Successful stress management leads to successful life management'.

Appendix 1
Strategies for Coping With Stress

Develop Self-Understanding

Listen to the voices of your body.
Make a list of your present goals.
Keep a diary or journal.
Write down your successes.
Get feedback from trusted others on how they see you.
Make use of the helping professions.
Keep track of your stress quotient.
Learn what is controllable in your life and what is not.
Be fair and honest with yourself.

Improve Your Mind

Read about stress and human growth.
Learn about stress.
Be sensitive to all dimensions of life.
Take a course.
Go to the library.
Think about new ideas.
Clear your mind of 'old stuff'.

Develop Healthy Attitudes

Develop the attitude of appreciation.
Think positively; control negative thoughts.
Learn to accept what you cannot change.
Learn to like yourself.
Do not be afraid of failure, it is how you learn.
Practise living in the present, not in the past.
Get friendly with leisure.
Reward yourself frequently.

Strengthen Your Body

Learn to relax.
Get the rest you need.
Get regular vigorous exercise.
Eat a nutritionally balanced diet.
Lose or gain weight.
Control your input.
Dress the way that feels best for you.
Practise good posture.
Get a medical checkup.

Improve Your Personal Relationships

Seek out positive friends.
Share yourself with trusted friends.
Contact new people.
Do something for others.
Take charge of getting involved.
Give the other person a break.
Do not criticise and blame others.
Give in occasionally.
Make clear choices.
Face painful questions directly with professional help if necessary.

Appendix 1 (contd.)

Lift Your Spirit

Work towards expanding your life.
Keep things in proper perspective.
Try not to do wrong knowingly.
Learn to let go.
Allot 15 minutes, twice daily, for relaxation response.
Be able to laugh at yourself.
Learn to play again.
Buy yourself an inexpensive gift.

Control Your Job

Focus on one thing at a time.
Do not have to be perfect.
Define the purpose of your work.
Take some time off.
Take a nap at lunch.
Redefine your job.
Quit.

Improve Your Environment

Seek security.
Change time in a new environment.
Change residence.
Redecorate your home.
Cut down excessive noise.
Control the TV set.

Live a Healthy Lifestyle

Be yourself.
Arrange to have a variety in your life.
Take one thing at a time.
Try not to let things drift.
Plan for maximum comfort.
Learn to vary your pace.
Set up desirable and possible futures.
Take time to be alone every day.
Plan vacations to suit you.
Practice relaxed driving.
Develop a hobby.

Appendix 2
How Is Your Stress Score?

Some stress is necessary for life but too much stress is harmful. Drs. Thomas H. Holmes and Richard H. Rahe developed at the University of Washington Medical School a scale for measuring stress in terms of 43 'life events'. They say a person scoring less than 150 on their scale has only a 37% chance of becoming ill during the next two years. A score of 150 to 300 raises the odds to 51%, and a 300-plus score means you have an 80% chance of becoming seriously ill.

To find your score, check the events applying to you during the past twelve months. Then add up the total values.

Rank Event	Value Your Score
Death of a spouse.	100
Divorce.	73
Marital separation.	65
Jail term.	63
Death of a close family member.	63
Personal injury or illness.	53
Marriage.	50
Fired from work.	47
Marital reconciliation.	45
Retirement.	45
Change in family member's health.	44
Pregnancy.	40
Sex difficulties.	39
Addition to family.	39
Business readjustment.	39
Change in financial status.	38

Appendix 2 (contd.)

Death of a close friend.	37
Change to different line of work.	36
Change in number of marital arguments.	35
Mortgage or loan over $10,000.	31
Foreclosure of mortgage or loan.	30
Change in work responsibilities.	29
Son or daughter leaving home.	29
Trouble with in-laws.	29
Outstanding personal achievement.	28
Spouse begins or stops work.	26
Starting or finishing school.	26
Change in living conditions.	25
Revision of personal habits.	24
Trouble with boss.	23
Change in work hours and conditions.	20
Change in residence.	20
Change in schools.	20
Change in recreational habits.	19
Change in church activities.	19
Change in social activities.	18
Mortgage or loan under $10,000	17
Change in sleeping habits.	16
Change in number of family gatherings.	15
Change in eating habits.	15
Vacation.	13
Christmas season.	12
Minor violation of the law.	11

Appendix 3
Type A/Type B Behaviour Questionnaire

Please indicate the frequency with which you experience the following feelings or situations by checking the appropriate response. An honest appraisal of yourself will help you better understand some of the factors that contribute to a sense of time urgency.

	Always	Sometimes	Never
Move, walk and eat rapidly.	____	____	____
Find it difficult to restrain myself from hurrying others when they are talking.	____	____	____
Get very irritated and upset when I have to wait in traffic, at a restaurant, or when performing repetitious tasks.	____	____	____
Feel guilty when I relax and do absolutely nothing for several hours.	____	____	____
Feel compelled to challenge anyone who is competitive.	____	____	____
Keep trying to schedule things tighter and tighter so that I can get more done.	____	____	____
Try to do two or more things at once (read while eating, etc.).	____	____	____

Appendix 3 (contd.)

	Always	Sometimes	Never
Complete others' sentences or hurry them in conversation.	____	____	____
Feel impatient with the rate at which things take place.	____	____	____
Believe that my success is due to my ability to get things done faster.	____	____	____
Find myself pounding the table or my hand to make a point in conversation..	____	____	____
Habitually clench my jaw or grind my teeth.	____	____	____
Value myself and others more by accomplishments than personal traits.	____	____	____
Explosively accentuate key words or hurry up the last few words in a sentence.	____	____	____
Have difficulty admitting any defect or emotional difficulty.	____	____	____
Find that my day is so tightly scheduled that by the end of the day, I am always behind.	____	____	____
Complete work being performed by others because they are not doing it fast enough.	____	____	____
Find myself constantly translating my accomplishments and those of others into numbers.	____	____	____

Estrangement: a Behaviour Problem**

Jaya Nagaraja

Rebellion and non-confirmity, lack of rapport and feeling of estrangement and affectionless attitude between a youngster and his/her immediate adults have been on the increase in recent years.

Studies have shown that (1) deprivation at a critical period of life (2) anxious and strict attitudes of parents towards their off-springs (3) over permissiveness and over solicitousness (4) diverse attitude of parents, each wanting to gain the 'love' of the child and (5) nonchalent attitude of parents have had their effects on the personality of adolescents. The concept of 'lack of identity' has contributed to this 'syndrome' of estrangement.

Open rebellion and proclaiming 'war' against the parents, wanting to go away from home and live by themselves, not wanting to conform to the pattern of a 'home', staying aloof, not discussing or mingling in family groups, demanding help from parents as part of the 'duty of parents', pointing out the shortcomings of parents and denouncing them, hating home and parents, and prefering to either stay with peer group or alone, craving for sympathy of peers, estrangement where parents often say 'he does not look like my child any more' are symptoms which require further studies to enhance effective child-rearing practices.

A group of 50 youngsters ranging from 12 to 19 years were studied where the estrangement syndrome was predominent. The case study method is used to illustrate this clinical entity.

The Trauma of Sexual Assault: Psychological Stress and Coping in Adolescent Victims[1]

Colleen Ward

INTRODUCTION

Sexual assault, particularly rape and incest, has recently emerged as a significant area of concern not only in the social sciences and helping professions but also in medical and legal spheres. The problem has been approached from a multi-disciplinary perspective with emphasis shifting from characteristics of the offense itself to the psycho-social impact of victimisation on sexually abused women. Recent research has concentrated on psychological adjustment problems of victims highlighting the significance and negative impact of rape myths and attitudes which blame and denigrate victims (Burt, 1980; Ward, 1983), the deficiencies in psychological, medical and legal facilities (Hilberman, 1977) and the need to improve counselling and social services (Courtois, 1979).

The issue of violence against women has also received attention in Singapore as evidenced by two national forums on the topic although little research has been done in this area.[2] The cultural influences which affect the prevalence of rape, institutional responses and psychological reactions of victims have not been systematically assessed despite empirical evidence which indicates that these phenomena vary cross-culturally (Sandy, 1981; Williams, 1979). In the Asian context, rape has not been a popular topic of investigation and with the exceptions of Lethbridge's (1980) sociological comments on rape in Hong Kong and Indian attitude studies by Kanckar and Kolsawilla (1980) and L'Armand, Pepitone and Shanmugam (1982), very few contributions have been made.

With this background and the financial support of the National University, an investigation of psycho-social aspects of rape in Singapore

was begun in 1983. While still in its early stages of development, the overall project is broad-based and interdisciplinary and is directed toward the examination of three major areas: (1) socio-cultural factors related to rape (attitudes and values) (2) institutional responses to rape (police, legal, medical and social services) and (3) clinical aspects of rape (psychological coping in victims). The research presented here is concentrated on clinical aspects of sexual assault, in particular, psychological reactions and coping strategies in adolescent victims. It is not intended that this paper be a definitive account of sexual assault in Singapore but rather a tentative and exploratory one. The cases featured are only a small part of an ongoing and expanding project and are primarily utilised to identify common reactions to sexual assault and coping strategies among victims. It is hoped, however, that these data may also provide direction for future research.

SEXUAL ASSAULT IN SINGAPORE

With the exception of two medical studies and one comment from the legal profession, rape has not appeared as a topic among Singapore's scholarly literature (Koh, 1977; Ng, 1974; Sng and Ng, 1978). Nevertheless, the reported incidence of rape, incest and molestation, though still relatively low, has been steadily increasing. Reported rapes rose from 53 cases in 1973 to a peak of 93 in 1981, with 78 and 83 cases in 1982 and 1983 respectively (*Statistical Report on Crime in Singapore*, 1982)[3]. Molestation increased more than 300% in the past ten years with 454 cases referred to the police in 1983 (Palmer, 1983). Incest, a rarely reported crime, also rose but remained less than 10 cases per year. It is widely agreed, however, that the incidence of reported sex crimes is a poor and under-representative indicator of actual offenses (for example, Dean and de Bruyn-Kops, 1982) and this pattern is unlikely to differ in Singapore.

The 1964–76 medical statistics on alleged rape demonstrate an incidence rate of 16.42 per 100,000 female population (Sng and Ng, 1978).[4] Both medical and police records indicate that the majority of victims are young with well over half being under 20 years old. While occurring in all ethnic groups, the highest incidence is found in the Indian community followed by the Malays and Chinese (Sng and Ng, 1978). Contrary to popular stereotypes, a majority of rapes occur in residential areas and a majority of the victims know the rapist (Palmer, 1983). From a medical perspective, Ng's (1974) study reported that only a small number of cases sustain extragenital injury and that venereal disease and pregnancy are rare. A total of 13% of Ng's cases involved incest, the most common pattern being the father-daughter relationship although the incidence rate in Sng's and Ng's (1978) study was lower (6%).

From a legal and judicial perspective, the management of sex offenses in Singapore affords room for improvement. The police clearance rate for

rape has been less than 50% and even a smaller proportion for molestation. Due to the small number of incest cases reported, the yearly clearance rate has been extremely variable (for example, 0% in 1980 but 56% in 1981). The number of cases taken to court for rape and incest has been low and convictions rare. For example, in 1981 when 93 cases of rape were reported, 22 cases reached the courts and two convictions were made.[6] For incest, nine reports were made, five cases were heard in court but no convictions were obtained (*Statistical Report on Crime in Singapore*, 1981).

PSYCHOLOGICAL REACTIONS AND COPING STRATEGIES OF SEXUAL ASSAULT: REVIEW OF LITERATURE

As research has not been previously undertaken in Singapore on the topic, literature from other sources, most notably the United States, is presented. The most extensive research on psychological coping in rape victims has been undertaken by Burgess and Holmstrom (1974; 1979a) who offered crisis intervention to over 100 rape victims and followed these cases for a four to six year period after the sexual assault. Their research revealed that almost all victims suffer from a rape trauma syndrome, divided into an acute stage and a long-term reorganisation process and characterised by behavioural, somatic and psychological complaints. The acute stage is typically more disorganised while the reorganisation phase, commencing two to three weeks after the assault, may continue for a number of years. Similar patterns have been found by Fox and Scheri (1972), Sutherland and Scherl (1970) and Kilpatrick, Veronen and Resick (1979).

Numerous maladaptive consequences of rape have been documented by various researchers. Physical complaints include the actual rape trauma, muscle tension, gastro-intestinal irritability and genito-urinary disturbances (Burgess and Holmstrom, 1974). The emotional intensity of the experience often results in powerful feelings of fear, humiliation, embarrassment, revenge, self-blame, guilt and contamination and, most commonly, residual fears, anxieties and night mares remain (Burgess and Holmstrom, 1979a; Kilpatrick *et al.*, 1979; Libow and Doty, 1979). The negative impact of rape on self-esteem, interpersonal relations, subsequent sexual satisfaction and developmental task performance has also been highlighted and escapist strategies such as drug and alcohol abuse and attempted suicide have been documented (Burgess and Holmstorm, 1979b, 1979c; Feldman-Summers, Gordon and Meagher, 1979; Metzger, 1976).

Despite the prevalence of maladaptive reactions, rape victims also employ constructive strategies, both consciously and unconsciously, to alleviate distress and anxiety. Burgess and Holmstrom (1979a) have enumerated three common defense mechanisms utilised to cope with anxiety: (1) explanation (rationalisation, providing some reason for the rape in order to 'make sense' of the sexual assault (2) dramatisation (repeatedly over-expressing psychological reactions in order to dissipate

negative emotions) and (3) minimisation (diminishing the significance of the event by comparison and reducing anxiety to a lesser and more manageable level). They also found that suppression, conscious cognitive strategy, was employed to inhibit unpleasant memories. In comparison, Fox and Scherl (1972) detected an extensive use of defense mechanisms, particularly denial and repression, in victims. Other coping techniques included a variety of task-oriented reactions and social changes directed at alleviating anxiety. These were often dependent on the particular circumstances surrounding the rape. Strategies such as changing residence, telephone number or job, withdrawing from school and turning to family for support were commonly observed (Burgess and Holmstrom 1974, 1979a).

It is important to recognise that reactions to rape, like any other life crisis, are influenced by a host of mediating variables such as victim's personality and ego strength, social support network, prior life stress, stage of life span and the treatment by relevant institutions. Burgess and Holmstrom (1974, 1978, 1979a) noted that victims with past or current physical, psychological or social difficulties generally experience compounded reactions and have more symptoms of depression, psychotic behaviour, psychosomatic disorders and substance abuse. They also demonstrated that earlier sexual victimisation, chronic life stresses such as economic hardship and lack of social support and pre-existing bio-psychological problems such as drug or alcohol abuse tend to delay recovery.

Despite the generalised findings on the aftermath of sexual assault, psychological coping in children and adolescents may differ significantly from that of adults who compose the majority of samples in studies of rape. It is obvious that task disruption will vary over the life span (Burgess and Holmstrom, 1979c) but psychological adjustment *per se* in young victims remains a more controversial issue. While early research highlighted emotional trauma, some later work has more critically examined this contention. Burton (1968) and Yorukoclu and Kemph (1969) have maintained that in general, sexual assaults on children do not have 'excessively unsettling effects on personality development', and Gagnon (1965) has argued that sexual victimisation has no long-term effects on adult adjustment. There is other evidence, however, that while children and adolescents may show no immediate maladjustment in response to sexual assault, the consequences are delayed and confront them again upon reaching sexual maturity (McCahill, Meyer and Fischman, 1979).

Psychological reactions of young victims must be interpreted in light of the fact that these girls have neither the cognitive maturity nor emotional and sexual expertise to comprehend the nature and consequences of sexual assault. When moral reasoning is not sufficiently developed, the child may be a willing partner or offer only passive resistance (Flammang, 1975, Schultz, 1975). In fact, Gagnon (1965) found that physical force and violence to achieve sexual gratification with children were rare (less than

5%).[7] The victim's relationship to the abuser and societal, institutional and parental reactions to the incident are also important. In this context, Schultz (1975) has posited that a child makes the best recovery from sexual assault if the incident is non-violent and involves a stranger. These interpretations are not meant to suggest that sexual assault on young girls is consequential but that due to developmental limitations, there is a great variety of reactions at this stage. In fact, Burgess and Holmstrom (1978, 1979b) have indicated that if sexual assault is the first sexual experience, the consequences are typically long-term. Similarly, Gibbons and Prince (1963) found that 36% of their child and adolescent sample experienced resultant behavioural problems, required therapy or demanded institutionalisation.

Incestuous relationships with children and adolescents is a more specific problem as in addition to the sexual assault, the event is complicated by the emotional intensity of the incest taboo, disruptions in the family organisation and severe social and legal sanctions against the behaviour (Renvoize, 1982; Tan, 1983). The majority of research in this area has emphasised intense emotional disruptions and psychological coping difficulties in girls involved in incentuous relationships. During and after the involvement, feelings of guilt, shame, confusion, anxiety, fear, anger, resentment and hostility are often apparent. Self-blame as well as a sense of responsibility for causing family disintegration may also be observed. Neurotic, psychosomatic and behavioural symptoms are commonly reported including self destructive activities, drug abuse, truancy and sexual promiscuity (Steele and Alexander, 1981). Homosexual experimentation has been occasionally associated with father-daughter incest as are sexual disorders in later life. Depression, attempted suicide and low self-esteem have also been documented (Meiselman, 1978).

RESEARCH METHODOLOGY

The study was undertaken with the co-operation and support of the Department of Social Welfare, Ministry of Social Affairs. Social workers (after-care officers) in Children and Youth Services furnished a comprehensive list of sexually abused girls who are under the department's care, either in residential homes or under current supervision. Although the project is ongoing, fifteen cases have been referred from September, 1983. Of these, eleven have been interviewed, three are awaiting interview and a girl declined to participate in the study.

The girls ranged in age from 12 to 19 although in some cases the actual assault took place as early as nine years. Chinese, Malay, Indian and Eurasian girls were included in the sample. The majority of victims were from the lower socioeconomic bracket. Only four cases, however, are presented here for illustrative purposes (see Table 1 for case details).

Due to the small sample size and ongoing nature of the project, statistical analysis has not been performed.

All girls were interviewed by a female psychologist or social worker who used an open-ended interview schedule divided into six major areas: current information and life history (biodata), description of the sexual assault, psychological responses at the time, subsequent psychological reactions, current problems or difficulties, and evaluation of self-esteem.[8] The girls were also administered the Mooney Problem Check List. Supplementary information was obtained from the Department of Welfare files and case history reports as well as residential staff and after-care officers. All interviews were conducted in private with assurance of confidentiality.

It is important to acknowledge two methodological weaknesses of this investigative approach. Firstly, as girls are asked to recollect experiences of sexual assault, retrospective inaccuracies may be apparent, biasing objective recording of the events.[9] Secondly, these girls are not representative of sexual assault victims in Singapore as (1) cases were reported to the police (2) cases warranted intervention by welfare authorities and (3) victims home environments were typically judged to be unstable and families unsuitable to retain custody. In these instances, it is obvious that victims suffer not only from the trauma of sexual assault but other psycho-social disadvantages and emotional deprivations which may exacerbate psychological adjustment problems. Nevertheless, this study has been described as an exploratory investigation which may contribute to the foundation of research on sexual assault in Singapore and provide direction for further inquiry into this area.

CASE HISTORIES OF SEXUAL ASSAULT

Case 1: HLC

History

HLC is the eldest daughter in a Chinese family of six children. She was living with both parents and siblings at the age of nine when she alleged that she was raped by her father. At the time, she was unable to articulate the details of the assault,but described the event as painful and frightening. She also indicated that her father frequently beat her.

Mr. H., then employed in the Armed Forces, denied all charges. He was suspended from his job but not formally charged with incest due largely to reluctance and timidity of his wife to pursue the matter. HLC was taken into the protective custody of the Department of Social Welfare during this period.

HLC's case records indicate some emotional difficulties in connection with the sexual assault, particularly fear and resentfulness toward her father. For the most part, however, she had a tendency to deny emotional responses and did not like to talk about her victimisation. In addition to

emotional discomfort, her schooling was disrupted at that time and she was forced to repeat Primary Two.

At the age of 13, HLC was referred to a child psychiatric clinic for treatment of her fear and distrust of men. This followed a phobic attack of screaming in a public park and difficulties in interpersonal relations with her adopted 'uncle'. She received therapy for more than two years with the psychiatric records discounting any mental disorder but pointing to considerable anxiety about puberty and emerging sexuality. Despite emotional difficulties, HLC is described by welfare staff as warm, loving, polite and well-liked.

Interview

HLC was 15 years old and attending secondary school when she was asked to recall the sexual assault which had occurred six years earlier. She expressed hesitation and considerable anxiety about explaining reason for her admission to the home. The girl obviously found the topic difficult to discuss and became tearful at one point during the interview. HLC was able to describe the sexual assaults to some extent, particularly the violent aspects as she was bound with cord, partially stripped and threatened with a wooden rod. She was unable or unwilling to relate the sexual details but repeated the statement that her father had raped her. She also indicated that she unsuccessfully struggled in resistance and cried loudly during the assault. Feelings of shame and embarrassment surfaced, and HLC admitted that she harboured anger and resentment toward her father. Although she disliked him, she did not feel guilty or self-blaming.

HLC maintained that she is still fearful of her father. It seems that this apprehension has been generalised as she mentioned that she is afraid that people will 'disturb her' and has also admitted that she still has a tendency to avoid males. In addition to these anxieties, her self-esteem appears low (see Appendix I for results of the Mooney Problem Check List).

Case 2: CH

Case history

CH, the only dauthter in a Eurasian family, experienced a rather unstable childhood as evidenced by the death of her father at an early age. While Mr. H. was described as kind and loving, his wife had developed a notorious reputation for sexual promiscuity both during and after her marriage. Having a history of night-club employment, Mrs. H. began to cohabit with Mr. M. soon after her husband's death. At that time, CH was seven years old.

At age ten, CH's case was referred to the Department of Social Welfare by a relative. CH alleged that she had sexual relations with her mother's lover (whom she called 'daddy') numerous times with her mother's consent and encouragement. She experienced some conflict over this activitiy but co-operated as her mother feared that Mr. M. who supported

the household would leave them for another woman. This story was further corroborated by a teacher with whom CH had previously discussed this matter.

CH's medical examination revealed that she was *non virga intacta;* the case was referred to the police and Mr. M. was charged in court but convicted of a lesser offense of molestation (outrage of modesty). CH was taken into a welfare home at that time but soon after transferred to a convent school. Mr. M. served nine months in prison and upon his release married CH's mother.

The case records indicate that in the earliest stages following the sexual assault, CH remained emotionally close to Mr. M. and attempted to keep in contact with him. At a later stage, CH became very hostile towards him and tended to avoid him. CH's mother has requested her release from welfare protection a number of times but has been denied permission although she retains visiting rights.

Both welfare and convent staff have found CH to be a problematic and difficult adolescent who is particularly prone to lying. She has been reprimanded a number of times for sexual discussions with peers and has been caught bringing pornographic literature to school. Her academic work has not been good with the sisters complaining that she is lazy, dreamy and does not complete her homework. CH has a record of truancy and has been suspended from school. She has also absconded from the convent.

Of great concern to CH is her problem of bed-wetting. In addition, she seems to have some difficulty relating to authority figures. The convent staff have complained about her behavioural problems – acting out, smoking and going out with men. CH also threatened suicide at one time when she believed that she would be returned to a welfare institution.

Interview

CH was 15 and attending secondary school when she was interviewed and asked to recount her experiences five years earlier. She talked freely about the events in a detached manner almost as if she were relating an incident which had happened to another girl. CH was very matter-of-fact in her descriptions and did not appear to display anxiety over the sexual assault *per se* but rather over other aspects of her current interpersonal relations and plans for the future. CH recalled that Mr. M. requested to have relations with her many times but that initially, her mother had refused permission. CH reasoned that her mother was unable to satisfy Mr. M.'s carnal desires after an illness and operation. Upon her mother's objections, Mr. M. would typically become quarrelsome and leave the home. In desperation, Mrs. H. finally agreed to the relationship fearing the loss of her lover. At that time, she would scold CH if she was uncooperative and bribed her with gifts to insure compliance.

CH maintained that she neither chose to co-operate nor enjoyed the relations although her resistance was predominantly verbal with occasional

physical withdrawal. She was able to give a vivid description of the sex act including fondling and penetration which she found painful. She described herself as passive during the assaults. For the duration of the relationship, CH recounted that she had little moral understanding of the event and was pressured by her mother. As an obedient child, she complied and when she found the sexual relations painful and unbearable, she would apologise to her mother for her recalcitrance.

Mrs. H. repeatedly demonstrated her loyalty and devotion to her lover by abusing CH for admitting the sexual assaults to authorities, insisting that CH apoligise to Mr. M. and later marrying the man upon his release from prison. CH now views Mr. M. with loathing and admits that she will never forgive him. This is probably based on her realisation that Mrs. H. retains greater concern for her husband and CH's increasing cognitive maturity and more insightful understanding of the significance of these events. This is contrasted with CH's earlier fondness for Mr. M. as evidenced by her previous correspondence with him and requests to visit him in prison. Currently, CH expresses considerable anger about the incident and although she blames Mr. M., she feels guilty for being part of the relationship.

Mr. M. poses no immediate threat to CH as she rarely sees him, but their past involvement causes her anxiety about current and future interpersonal relationships. In contrast to the current convent complaints, CH maintained that she has some friends but seldom mixes with boys. She recounted feelings of sadness and shame about the past and expressed considerable concern about her loss of virginity. CH also mentioned that she fears recalling the past when she does eventually become involved in mature emotional and sexual relations. Although ambivalent about marriage, CH exhibited some discomfort about her value on the marriage market. More significantly, CH suffers with nightmares of becoming a prostitute. This is most likely linked to the fact that her mother has a history of night-club employment and sexual promiscuity.

CH admits to behavioural problems such as lying but is particularly concerned with her enuresis which she maintains commenced only when her mother began to cohabit with Mr. M. Her most prominent anxieties are centred on her relationship with her mother and involvement with members of the opposite sex. Her self-esteem is low and she says she likes herself 'a bit only' (refer to Appendix I for results of Mooney Problem Check List).

Case 3: TAC

Case history

TAC is the second daughter in a Chinese family of four children. She was ten years old when her case came to the attention of the welfare authorities through the complaints of neighbours. Investigation revealed that TAC and her older sister had been repeatedly molested by their father

although medical examinations demonstrated that both girls were still *virga intacta*. The case was never taken to court as the mother was reluctant to testify and in the general interest of the family, Mr. T. was given a stern warning. Both sisters were taken into welfare custody while the brothers remained in the family home. Mr. T. was referred for psychiatric attention and treated for depression.

Although TAC disliked molestation, she often complied due to fear. Case records do not indicate any intense emotional reactions. In addition, welfare staff have commented that although sometimes fearful, she bears no grudge against her father for his misbehaviour. During her stay in welfare facilities, TAC was allowed regular home leave and was eventually discharged 1½ years after her admission. The staff have described her as well behaved, obedient and friendly and as having no obvious adjustment problems.

Interview

TAC was interviewed at age 12, 1½ years after the sexual assault incidences. She was attending primary school and awaiting discharge from the children's home.

During the interview, TAC displayed discomfort and nervousness, often fidgeting and avoiding eye contact. She was not expressive but described the sexual assaults as breast and genital fondling which she estimated occurred between five and ten times. TAC maintained that this was very unpleasant and that she would often push her father away but she did not resist strenuously as she was fearful and observed that her older sister was beaten for resistance. TAC also commented that the act was wrong and that she feels shameful.

TAC does not appear to have obvious psychological adjustment problems although her school performance was extensively disrupted. The most significant area of concern, however, arises in relationship to unresolved conflict and ambivalent feelings toward her father. TAC readily acknowledges that she loves her father and that she believes he loves her. Yet she perceives him as fierce and frightening. She is quick to defend him, saying that he has not molested her since her admission to the home. Although TAC maintains that her father will not harm her again, she remains fearful and unable to articulate the bases of the fear. Uncomfortable in the response, TAC admitted that she would prefer to remain in the welfare institution rather than be discharged to her parents' care.

TAC also recounted the story of the police investigation highlighting the fact that she was asked if she would prefer to 'send her father to jail or give him another chance'. While opting for the latter, she obviously felt uncomfortable being put in the position to choose. During further discussion, TAC admitted anger towards her father but also felt guilty about such emotions. She tends to repress negative emotions as she believes they are unacceptable.

When asked about future ambitions, TAC said she would like to be a teacher. She had no interest in marriage or motherhood. With respect to personality, self-confidence is low (refer to Appendix I for Mooney Problem Check List results).

Case 4: LBB

Case history

LBB is the eldest daughter in a Chinese family of six children. Her mother deserted the family when she was seven and her father died the following year. Although cared for by various family members at this time, she was found to be difficult and was taken into welfare custody at the age of 12 but discharged three years later. Due to problems with family relations, LBB, her younger sister and elder brother chose to live together in rented accommodation. During this period when she was aged 16, her brother attempted rape. LBB reported the incident to welfare authorities and was admitted to a girls' hostel. Her medical examination revealed that she was *virga intacta* but the case was referred to the police. LBB's brother was charged and he pleaded guilty to molestation (outrage of modesty) and was jailed for two months.

Attempted rape by her brother was not the only sexual victimisation LBB suffered.[10] At age 17 when residing in the hostel and working in a clothing shop, LBB was assaulted by an acquaintance, Mr. P. At this time, she accepted a lift home with the young man. Instead of returning her to the hostel, however, he drove her to a deserted spot and molested her. LBB alleged that Mr. P. partially undressed her and fondled her breasts. She denied penetration but admitted that the young man had ejaculated. When she returned to the hostel appearing upset and reported the matter to the resident staff, they reacted with scepticism noting that there was no evidence of a struggle and suggested that she might have consented and later changed her mind. After some hesitation, LBB lodged a police report. Mr. P. was arrested and pleaded guilty to molestation.

LBB's current relationship with her siblings is not good due to the charge made against her brother. She has, however, located her mother and established a warm relationship. She also has a steady boyfriend. Hostel staff have found LBB difficult to manage, quarrelsome and resentful of welfare regulations. She is generally perceived as problematic, being manipulative, cunning, aggressive and attention-seeking although she has recently demonstrated some improvement. The staff also suspect LBB of homosexual activities after finding her partially unclothed and in bed with another hostel girl.

Interview

LBB was 19 years old and employed in a factory at the time of the interview. She recounted details of both sexual assaults which had occurred 2 to 3 years earlier. In contrast to welfare records, LBB appeared

soft spoken and co-operative. She did admit, however, that she is sometimes 'naughty' and is often scolded by the staff. She also added that she is hot-tempered, quarrelsome, somewhat proud and has a problem of smoking. LBB commented that she liked her job and had many friends at the factory.

When questioned about the incentuous assault, LBB spoke freely and demonstrated considerable knowledge about sexuality. She maintained that her brother threatened her and partially undressed her but did not complete intercourse. There are, however, some inconsistencies in her story as she recounted her struggle, threats to scream and even to kill her brother but also maintained that she was so sleepy she 'didn't exactly know what was happening'. LBB appeared more willing or able to relate details of her resistance than the assault.

LBB conveyed that she was saddened by the incident and quite ashamed. She was very concerned about her credibility, particularly in the eyes of her relatives. Soon after the incident, her depression was so great that she considered committing suicide. Years later, she became more philosophical about the event and perceived it as an unfortunable situation but did not really blame her brother. LBB did mention, however, that her brother had molested her earlier at the age of 12 but that she did not understand the nature or significance of the relationship. Currently, she remains distant from all of her brothers.

Considerable embarrassment was displayed by LBB when questioned about the second incident. She devoted a great deal of time and effort to justifying reasons for accepting a lift from Mr. P. For this misjudgement, she felt great responsibility. LBB described the assault as frightening and maintained that she cried and actively struggled in resistance. She recounted that Mr. P. fondled her and attempted penetration but that she was able to resist successfully.

LBB mentioned her current boy-friend who seems to be a great source of emotional satisfaction but denied engaging in sexual activities with him. She expressed a number of rape-related fears such as fear of Mr. P., fear of working as a salesgirl, fear of secluded places and unwillingness to spend private moments with her boyfriend.

LBB describes herself in predominantly negative terms. She admits to smoking and occasionally drinking. She sometimes recalls the past with great sadness and avoids being along at these times. LBB also complained of bad dreams, particularly about losing friends and dying. Although she has a steady boyfriend, she expressed ambivalence about marriage and motherhood. She also indicated that the reunion with her mother had positively affected her and that she feels burdened with worries about her younger sister (see Appendix I for results of Mooney Problem Check List).

DISCUSSION

The psycho-dynamics of rape reactions may be effectively analysed in terms of a 'stress and coping' theoretical framework (Notman and Nadelson, 1976). From this perspective, sexual assault is viewed as a life event which precipitates a state of stress, disrupting a pre-existing equilibrium between the individual and the environment and taxing the individual's resources to manage adjustive demands and restore equilibrium. In any stressful situation, an individual may utilise a variety of reactive coping techniques, both conscious and unconscious, adaptive and maladaptive. Burgess and Holmstrom's (1974) research has forcefully demonstrated that most victims of sexual assault do experience difficulties in managing the crisis and while exhibiting a traumatic syndrome, implement a mixture of successful and unsuccessful coping strategies. The severity of the stress situation and subsequent coping alternatives are mediated by a variety of biological, psychological and social factors including specific aspects of the assault as well as predisposing variables (e.g. personality) and current life circumstances (e.g. support network). Burgess and Holmstrom have demonstrated that even when sexual assault victims are able to diminish effectively the rape trauma, residual fears and anxieties frequently remain. Maladaptive reactions or ineffectual coping strategies are often difficult to modify, particularly if progressively incorporated into the individual's psychological make-up.

The cases analysed here are products of retrospective reporting and relate information spanning a 1½ to 6 year period. As such, victims' recollections of immediate reactions to sexual assaults (the acute stage) may be somewhat biased. The data are more accurately representative of psychological stress and copying in the long term reorganisation phase and current consequences of previous sexual assaults.

Defense Mechanisms

Denial of responsibilities and repression of sexual details of assault were common defensive strategies. HLC, for example, appeared to memorise the statement 'My father raped me', but was unable to describe the event. Similarly, LBB maintained that she was 'too sleepy' to know exactly what had occurred, consequently minimising her participation in and responsibility for the sexual assault although she was able to provide details of her resistance.

Various rationalisation strategies also occurred with victims struggling to 'make sense of the rape event'. TAC rationalised that her father required psychiatric attention and therefore, should not be punished for his offense. In CH's case, participation in sexual relations with her stepfather was rationalised in terms of obedience to her mother and fear that Mr. M. would desert the family, withdrawing his financial support. LBB utilised various modes of rationalisation in reaction to her assaults. In the

case of attempted rape by her brother, she reasoned that the encounter was the outcome of unfortunate circumstances and lack of parental care and supervision. She neither blamed hearself nor her brother. In the incident of assault by Mr. P., LBB held herself responsible for accepting a lift which led to sexual coercion but provided abundant excuses for her willingness to do so.

Minimisation was observed only in TAC's case where she asserted that her sexual assaults were not as bad as those experienced by her elder sister both in terms of frequency and violence. Burgess and Holmstrom (1977a) noted that victims tend to minimise their rape experiences in relation to their perceptions of rape, their current life situations, other victims or prior life experiences. As children and adolescents have little conception of rape or few comparable experiences, it is unlikely that minimisation would be a strategy commonly employed by this age group.

Unlike the Burgess and Holmstrom (1979a) study, dramatisation was neither observed in these cases nor was it found in the other girls who were interviewed. This is not surprising as in the Asian cultural context, individuals are usually reluctant to speak about personal matters in general and highly emotional, traumatic or stigmatising circumstances, in particular. In fact, Ho (1980) has emphasised the training in self-control typically given to Chinese children. In contrast to dramatisation or repeatedly over-expressing the emotional trauma, emotional insulation was observed in two cases. CH, most specifically, and LBB, to a lesser extent, were able to relate the details of sexual assault without emotional involvement almost as if the incidents had happened to someone else. Emotional insulation or detachment has been identified as a mechanism of defense from unavoidable hurt and functions as a protective armour from stressful situations (Coleman, 1979).

Defense mechanisms, on the whole, operate to preserve personality integrity and are initiated on the unconscious level. They are not pathological unless used to extremes and result in the distortion of reality. In these instances of sexual assaults, defense mechanisms have been used effectively to diminish anxiety. It is important to note, however, that conscious strategies have also been utilised to deal with trauma. Suppression of rape-related memories has been observed as a conscious and deliberate cognitive strategy employed to manage anxiety. In fact, the one girl who declined to participate in the study did so on the basis of being unwilling to 'bring up unpleasant memories'. Certain adapative task-oriented reactions were also noted such as LBB's report of assault to the welfare authorities and CH's discussion with teachers. Task-oriented reactions, however, are not highlighted here as emphasis is placed on psychological coping strategies and maladaptive consequences of sexual assault.

Consequences of Sexual Assault

A variety of maladaptive consequences – physical, psychological, emotional and behavioural complaints – of sexual assault were observed in adolescent victims. It is very difficult, however, to identify all symptoms as direct and explicit outcomes of sexual victimisation. As these girls had been subjected to prior life stressors and psychosocial deprivation and as such factors have been proven to exacerbate psychological problems in rape victims (Burgess and Holmstrom, 1978; 1989a & c), the psychological consequences of sexual assault should be viewed from an interactive perspective.

Acute and long-term emotional responses to sexual assault include shame, guilt, embarrassment, anger, sadness, and self-blame. In most instances, the emotional reactions are manageable although in LBB's case, she found the emotional upheaval so great at one point that suicide was considered. More long-term and significant psychological difficulties include nightmares and phobias. A number of the nightmares appear rape-related such as CH's dreams of becoming a prostitute. In other instances such as LBB's dreams of loss and death, tangential themes are apparent. Phobias, however, are prominently related to the characteristics of sexual assault. Fear of men (HLC) and of being alone or of frequenting dark and secluded places (LBB) were documented.

Anxiety over emerging sexuality and psycho-sexual adjustment difficulties were apparent in the three older cases (ages 15–19). LBB's case may, perhaps, be the most dramatic as evidenced by homosexual experimentation although the reactions demonstrated by CH and HLC are more typical. CH openly expressed not only sexual concerns, particularly with reference to male-female relations, but also exhibited anxiety about (loss of) virginity. HLC's fear of men evolved during adolescence with the link between her anxieties and emerging puberty corroborated by psychiatric reports. In some instances, the period of adolescence heralds a re-evaluation of the significance and consequences of sexual assault in childhood. CH, for example, admitted that she did not comprehend the nature of her 'incestuous' relationship at the time and retained 'fondness for her stepfather after the events. Her feelings changed, however, after puberty when she developed a loathing for the man and maintained that she would never forgive him for his behaviour. This evidence is consistent with McCahill's *et al* (1979) contention that young victims may not evidence immediate psychological adjustment problems but that the trauma may be delayed until puberty or even later when developing intimate relationships with members of the opposite sex.

Enuresis was observed in one case and although CH maintained that this problem began when her mother first cohabited with Mr. M., this is difficult to corroborate. Conduct disorders and acting out behaviours such as truancy, smoking, drinking, lying, stealing, absconding and aggressive

displays were also observed. It would be impossible to attribute directly these activities to previous sexual assaults although they are likely related to poor family relations and prior emotional deprivation. These are common attention-seeking behaviours in adolescents, particularly those who are not able to maintain warm and stable relations (Adams and Gullotta, 1983). The same unstable family environment which may predispose these girls to incentuous assaults has most likely contributed additionally to resultant behavioural problems. Along similar lines, academic failures and school disruptions were noted in two cases (HLC and TAC). While this cannot be attributed directly to victimisation *per se*, it is probable that the disruptions are reliant on the combination of emotional distress and a constellation of social changes (e.g. separation from family, admission to welfare institution) which occurred as consequences of sexual assault. The same may be true of health problems indicated by the Mooney Problem Check List, e.g. sleep disorders, stomach pains and others.

Psychological testing also indicated low self-esteem in victims of sexual assault. Responses such as 'wanting a more pleasing personality' (3/4), 'wishing people liked me' (3/4), 'sometimes wishing I'd never been born' (3/4), and 'can't forget mistakes' (2/4) were common on the Mooney Problem Check List. While the association between sexual assault and low self-esteem cannot be confirmed as causal in nature, it is interesting to note that Walker (1979) found low levels of self-esteem in women who remained in physically and sexually abusive relationships. Herman (1981) also found low self-esteem in adult women who had previously been victims of incentuous assaults.

Interpersonal relations are markedly affected following sexual assault. Ambivalence about marriage and motherhood is often expressed. This is particularly striking in the Singaporean context where sex-role socialisation pressures are exceptionally strong for girls (Quah, 1980). Even in LBB's case where she had established an intimate emotional relationship with a steady boyfriend, she maintained there was no sexual expression of affection and remained ambivalent about future marriage plans.

The greatest anxieties and unresolved conflicts concerning interpersonal relations, however, seem to emerge in incentuous relationships where pressure to reconstitute the family unit is apparent. In these instances, the girl experiences conflicting demands between her own psychological priorities and her responsibilities to her family. While this dilemma has been noted by a number of researchers in the field (Renvoize, 1982; Steele and Alexander, 1981), the significance of family responsibilities may be even greater in the Asian context. Typically, collectivism is valued at the expense of individuality (Ho, 1980) and filial piety demands are high (Ho, 1982). In TAC's case, although she is defensive about her father and maintains that he should be given another chance, she remains fearful

of him. She reluctantly admits anger and resentment toward Mr. T and yet feels guilty and ashamed of these unfilial emotions. This emotional ambivalence and psychological conflict may have far-reaching adjustive consequences, particularly if the issues are not resolved in adolescence.

Burgess and Holmstrom's (1978) research indicates that prior life stresses such as economic deprivation, unstable emotional relationships and prior victimisation may impede psychological adjustment in rape victims. The cases reported here are largely characterised by poor environmental factors and extensive psychosocial stressors. This research is unable to determine experimentally if victims are consequently 'more' or 'less' affected by these factors but the impact of the psycho-social and environmental variables will undoubtedly modulate the severity of stress and shape subsequent coping strategies. The psycho-dynamic interpretation of stress and coping in rape victims, nevertheless, may be effectively analysed from an idiographic perspective with identification of these predisposing and mediating variables and their effects on psychological coping reactions. While this investigative approach may be unable to predict an individual's reaction to rape, it is able to interpret and explain the dynamics of stress and coping in victims.

All in all, this exploratory study indicates that psychological consequences of sexual assault in Singaporean adolescents closely resembles patterns observed in other cultural contexts. Denial, repression, minimisation, rationalisation and emotional insulation are commonly employed

Table 1
Characteristics of Sexual Assault Cases

Case		Age At Time of Assault	Age At Time of Interview	Time Difference (Years)
HLC	Raped by natural father	9	15	6
CH	Raped by mother's lover	10	15	5
TAC	Molested by natural father	10.5	12	1.5
LBB	Attempted rape by brother	16	19	3
	Attempted raped by acquaintance	17	19	2

defense mechanisms. Dramatisation, however, was not observed. Emotional and psychological disturbances such as nightmares and phobias were apparent and acting out behaviours were also documented. The area of interpersonal relations and emergent sexuality were particularly important as victims expressed some anxiety about male-female relationships and ambivalence toward marriage and motherhood. Unresolved conflicts in incestuous families were also prominent and evidence was

presented that victims' interpretation and evaluation of sexual assault changes over time and with maturity.

Table 2
Psychological Reactions and Maladaptive Consequences of Sexual Assault

Classification	Reactions	
Emotional reactions	anger sadness guilt	embarrassment shame
Defense mechanisms	denial represession rationalisation	minimisation emotional isolation suppression+
Maladaptive consequences Psychological	nightmares phobias anxiety over sexuality	consideration of suicide low self-esteem++
Behavioural/ emotional	bed wetting homosexual experimentation	acting out behaviours: lying, stealing, truancy, absconding++
Interpersonal	difficulties in relationships with males, unresolved feelings toward father, ambivalence about marriage and motherhood.	

Notes. + Conscious strategy.
++ Associated with sexual assault but not necessarily a cause and effect relationship.

Implications for Therapists

While this is not intended to be a comprehensive therapeutic guide, some general recommendations can be made based on the characteristics of cases presented here. Primary prevention of sexual assault is a long-range objective involving broad social and structural reform including emphasis on sex role socialisation and attitudes toward violence. From a judicial perspective, deterrent measures like legal reform and harsher sentences for convicted offenders would only bear fruit in the more distant future. For current victims of sexual assault, secondary prevention and crisis counselling may be the most effective way to deal with rape trauma. This approach may be particularly effective if supplemented with moral and sexual education for adolescents and public education programmes to make individuals aware of the psychological and social services which are available. Unfortunately, remedial services will still be

required and in some cases long-term therapeutic intervention may be demanded. In this context, the following suggestions are offered.

(1) Provide immediate crisis intervention and counselling when possible.
(2) Approach the victim without preconceived stereotypes of sexual assault (e.g. she must show signs of physical assault or resistance; she probably is provoked to attack). Listen to the victim non-judgementally without accusations of blame or tendencies to trivialise the crisis which could cloud issues of physical and psychological trauma.
(3) Do not avoid rape-related topics merely because they are difficult to discuss. While it is imperative that counsellors proceed with sensitivity, girls often want to talk about their problems despite shyness, embarrassment or lack of emotional control. In many instances, it is only after extensive discussions that girls will reveal their inner conflicts and confusion.[12]
(4) Be honest and answer any questions, including sexual ones, that the girls may have. Some anxieties appear centred on physical changes during puberty and concerns about sexuality. Also, help the girl put these problems in perspective, particularly if the assault involves a family member.
(5) If the child has a moral understanding of the event, discourage feelings of self-blame.
(6) Recognise the influence of mediating variables on the girls' reactions to sexualt assault. Age, family conditions, prior life stresses and nature of the assault may be important factors and should be integrated into assessment and counselling techniques.
(7) Be aware that the psychological trauma of sexual assault in childhood may re-emerge in adolescence and offer counselling accordingly.
(8) If instances of sexual assault are incestuous, offer family therapy. Remember that sexual assault is not only a crisis for the victim but also for her family.
(9) Realise that psychological reactions may be long-term. Engage natural support systems and attempt to minimise social disruption in other areas of life (e.g. schools).
(10) Remember that behaviour modification techniques may also be useful in conjunction with counselling in the treatment of some specific disorders (e.g. enuresis, phobias, acting out behaviours). These strategies have been shown to be particularly effective with children (Ross, 1974).

CONCLUSION

This paper has offered some exploratory data on sexual assault and psychological coping in adolescent victims. In short, there is no single predictable response to sexual assault. Psychological reactions are varied and appear to be influenced by mediating variables such as age, family environment and other psycho-social factors. Defense mechanisms such as denial and rationalisation were commonly employed to diminish anxiety effectively but maladaptive consequences of victimisation were also observed. Psychological disturbances such as phobias and nightmares and behavioural problems such as eneursis and acting out behaviours were documented. In response to these observations, suggestions were offered to counsellors. Finally, it is hoped that these data may provide a basis for future research.

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2. In 1981, Singapore Council of Women's Organizations (SCWO) and National Crime Prevention Council (NCPC) jointly sponsored a public forum on 'Violence against women'. In 1983, SCWO and NCPC held a forum entitled 'Violence against girls'.
3. The 1983 figures represent the total number of cases reported that year but are subject to reconfirmation and validation by the CID.
4. Sng and Ng's (1978) sample of alleged rapes includes molestation.
5. This is comparable to United States statistics which indicate that the 16–19 age group has the highest rate of victimisation (Dean and De Bruyn-Kops, 1982).
6. It must be recognised, however, that of the cases which did reach court in 1981, some may have originated from reports in 1980 or earlier on.
7. Reviewing a large number of studies, Renvoize (1982) found a range of physical abuse incidences from 11% – 60% of sexually assaulted children.
8. The author would like to thank Dr. Myrna Blake, Ms Fathiah Inserto and Ms Joyce Tan for assistance with data collection. Cases presented in this paper, however, were all interviewed by the author.
9. Time periods between sexual assault and research interviews of 11 cases varied from a few months to six years.
10. Miller *et al.* (1978) found that 24% of her sample of sexual assault victims had been previously assaulted.
11. In one instance, staff reacted with sceptism to an allegation of sexual assault because the girl's clothing was intact after the incident. Later on, when the case was reported to the police, the man pleaded guilty in court.
12. Despite the difficulty some girls experienced in discussing the sexual assaults, all indicated that they would like someone to talk to about their problems.

APPENDIX I

Case	Health and Physical	School	Home and Family	Money, Work, and the Future
HLC	Do not get enough sleep Too short for any age Often not hungry for my meals	Afraid of tests Afraid of failing Worried about marks Afraid to speak up in class Made to take subjects I do not like	Never having any fun with another or dad Unable to discuss certain problems at home Family quarrels Mother	Family worried about money Wanting to earn some money of my own Not knowing how to look for a job Wanting advice on what to do a after school Needing to know more about occupations Afraid of the future

	Boy and Girl Relationships	Relations to People in General	Self-Centred Concerns
	Keeping myself looking neat and nice	Wishing people liked me better Feelings too easily hurt Wanting to be more like other people	Afraid of making mistakes Sometimes wishing I'd never been born Not taking some things seriously enough Afraid God is going to punish me Finding it hard to talk about my troubles

Appendix 1(contd.)

	Health and Physical Development	School	Home and Family	Money, Work and the Future
CH	Do not get enough sleep Too short for my age Having poor posture Often have pains in my stomach Getting tired easily	Getting less marks in school Afraid of failing Trouble with oaths Trouble with writing Cannot keep my mind on studies Worried about marks Not smart enough So often feel restless in class Textbooks hard to understand Not interested in certain subjects	Not living with my parents Worried about someone in the family Parents not understanding us Wanting things my parents won't give me Parents not liking my friends Parents old fashioned Unable to discuss certain problems at home Mother	Spending money foolishly Having to ask parents for Family worried about money Wanting to earn some money of my own Wanting to buy more of my own Not knowing how to look for a job Wanting to know more about university Wanting to know more about trades Needing a job during vacations Afraid of the future Not knowing what I really want Wondering if I'll ever get married

Appendix 1(contd.)

Boy and Girl Relations	Relations to People in General	Self-Centred Concerns
Not allowed to go out alone	Shy	Failing in so many things I do
Too little chance to go to parties	Wishing people liked me better	Getting into trouble
Not knowing how to make a date	Wanting a more pleasing personality	Trying to stop a bad habit
Wanting to know more about boys	Feeling nobody understands me	Sometimes not being as honest as I should be
Uncomfortable at social affairs	Missing someone very much	Giving in to temptations
Deciding whether I'm in love	Getting into arguments	Lacking self control
Deciding whether to go steady	Being stubborn	Worrying
Keeping myself looking neat and nice	Hurting people's feelings	Having bad dreams
Embarrassed by talk about sex	No one to tell my troubles to	Sometimes wishing I'd never been born
		Being careless
		Being lazy
		Not taking some things seriously enough
		Feeling ashamed of something I've done
		Afraid God is going to punish me
		Cannot forget some mistakes I've made

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